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ABSTRACT

This survey sought to assess progress in implementing health education programs in state residential schools for the hearing and visually impaired, to assess the extent that comprehensive school health education is required, and to compare implementation of health education with implementation of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) education. Of 50 schools responding (representing about 40% of possible respondents), 38 indicated that a comprehensive health instruction program existed. The majority of responding institutions reported that health education certification was not required for teaching elementary or secondary health education to visually or hearing impaired students. HIV/AIDS education was required in 76 percent of the responding schools. The majority of the schools began HIV/AIDS instruction at the sixth grade, with instruction most often given by a health educator. An appendix contains a copy of the survey form. (JDD)

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Survey of Health Education Curricula in Residential Schools for the Visually and Hearing Impaired

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Abstract

A national survey was conducted to provide needed data concerning the present status of health and AIDS education in residential schools for the visually and hearing impaired. The purpose of the study was to assess the progress being made toward implementing health education programs in state residential schools for the hearing and visually impaired; to assess the extent that comprehensive (K-12) school health education was required; and to compare the implementation of health education to the implementation of AIDS education. Permission to modify survey questions from the American School Health Association and the National School Board Association was obtained. The modification resulted in a sixty-three item questionnaire. The modified questionnaire was mailed to institutions listed on the American Annals of the Deaf, (1991) and the Ex Officio Trustees of the American Printing House for the Blind, (1991) directories. Fifty institutions responded and results were tabulated using descriptive statistics. Thirty eight (76%) of the residential schools responding indicated a comprehensive health instruction program existed, with 52% having a specified time requirement for health instruction. The majority of responding institutions reported that health education certification was not required for elementary (89%) or secondary (66%) health education for the visually or hearing impaired student. HIV prevention education was required in 76% of the responding residential schools. Fifty eight percent of the HIV education curriculum was developed by the schools, while 14% of the schools purchased a curriculum package. The majority of the schools began HIV instruction at the sixth grade, with HIV instruction most often taught by a health educator.

Conclusions: Residential schools for the visually and hearing impaired have a unique mission in educating students concerning health issues. The results of this national survey indicate these schools are providing health instruction as frequently as reported in the traditional school setting. There is a wide variance for time allowed for such instruction. It was also found that the implementation of health education curriculum is a strong predictor of the implementation of a HIV education curriculum.

Introduction

This study consisted of comprehensive survey of the residential schools in the United States. The survey focused on two primary areas; health education instruction, and HIV/AIDS education. The two areas were addressed in two different settings; schools for the visually impaired and schools for the hearing impaired.

Health Education

The curriculum of America's schools must include more than the three R's. Good health is basic to learning. Without good health, students have difficulty learning to read, write, and perform other necessary activities of learning. Although parents have the primary responsibility for the health of their children, schools must offer supportive and complementary programs to assist students and parents.

A comprehensive school health education program provides such support. Comprehensive school health education programs are founded on three major components. These components are health instruction, health services, and healthful environment. The focus of this study centered on school health instruction.

When comprehensive school health education is defined as those programs consisting of the three major components,

approximately 15 percent of school districts indicate they have such a program available to students (DeFriese, Crossland, MacPhail-Wilcox & Sowers, 1990). However, students in residential schools may have less health education than students in other settings (Minter, 1983).

In the residential schools, comprehensive health education programs need to be more extensive than in public schools. This need is based on several factors. Unlike children who attend school in their home community, children at residential schools do not have the benefit of the family's influence in their development on a daily basis. The difficulty of visually and hearing impaired students in learning health education materials center on three areas. These are naivete, confused knowledge, and unusual attitudes.

Kleinig and Mohay (1983) found the level of health knowledge of hearing students to be superior to hearing-impaired high school students. Because of the nature of their impairment, the hearing and visually impaired student is often at a disadvantage to find reliable sources of information which deals with personal and practical living skills. Health education may play a more important role in the hearing or visually impaired student's life than in the lives of other students. Davila (1979) concludes that residential schools must provide a broader curriculum than

the public schools, because of the limited home influence.

The inclusion of a well organized health education program into the overall curriculum is difficult. Although, thirty-six states mandated health education in schools, but most programs continue to be piecemeal (Lovato, Allensworth, & Chan, 1989).

HIV/AIDS Education

The acquired immunodeficiency syndrome (AIDS) epidemic presents a significant challenge to health educators now and in the future. The challenge is to assist in stopping the spread of the human immunodeficiency virus (HIV) though education and behavior modification. The increase of HIV infection has shown expediential growth over the past 10 years. Because of this rapid growth and the nature of the disease, effective treatments and vaccines are being sought. In the interim, researchers are looking to education as the major weapon in stopping the spread of the HIV infection (MMWR, 1988).

Research concerning HIV education has raised a number of questions. Most of these questions relate to effectiveness of educational intervention. School HIV education issues include; (1) grade and subject placement of an HIV education unit (HEU), (2) goals and content of HEUs and (3) the amount of instructional time required to achieve

the stated goals of the HEU. While recommendations exist for these issues, few studies have been completed evaluating these recommendations (Clark & Yarber, 1993).

The evidence suggests that while HIV/AIDS education is mandated in 34 states, implementation of such programs is sporadic at best (Haffner, 1992; National School Board Association [NSBA], 1991). The grade level at which the topic of HIV/AIDS is introduced, who teaches it, and the amount of time spent on the topic varies by district and state (NSBA, 1991). Most schools implement HIV/AIDS education in a 9th grade health class. However, less than seventy percent of the public school districts have implemented HIV/AIDS education programs for their hearing or visually impaired students (NSBA, 1991). A large percentage of the HIV/AIDS education programs are not part of the school's comprehensive educational program.

Statement of the Problem

The problem of the study was to identify the level and scope of implementation of health education curriculum in the state residential schools for the hearing and visually impaired (kSH/VI). Specifically the study is an attempt to answer the following research questions:

1. Are the RSH/VI providing comprehensive school health instruction to the students within the

health education curriculum?

2. Are the RSH/VI providing HIV/AIDS education to students within the health education curriculum?
3. Is the degree of implementation of HIV/AIDS education curriculum related to the degree of implementation of a comprehensive health education curriculum?

Purpose of the Study

The purpose of the study is to assess the progress being made toward implementing health education programs in state residential schools for the hearing and visually impaired; to assess the extent to which comprehensive (K-12) school health education is required; and to compare the implementation of health education to the implementation of HIV/AIDS education.

Need for the Study

Educators are under pressure to implement health education programs. This pressure originates from legislative mandates, community organizations, parents and other sources. At the same time, educators complain of overcrowded curriculums, inadequate preparation and lack of teaching

materials. Schools are forced to implement health education programs in less than optimal curricular settings. Curricular placement of the health education program may become a matter of convenience, rather than an attempt to meet educational objectives.

Health education topics are often discussed in a number of different subject areas such as, home economics, biology or other life sciences, sociology, as well as health education. The placement of HIV/AIDS curricula is often arbitrary and is not a well coordinated effort. While the variety of placement may give the student a different perspective of health issues, the instructors of these areas may not be trained in appropriate strategies to influence health-conducive behaviors (Yarber, 1987).

Methods

Instrumentation:

The instrument used in this study was developed by the principle investigator. Similar instruments used in other national studies of public schools were modified for this population. Permission to use the instruments was granted by the American School Health Association and the National School Board Association.

The instrument was designed to survey all the state residential schools in the U.S. for the visually and hearing

impaired. The survey instrument consisted of three sections (Appendix A). Two of the sections were used for this study; 1) health education instruction, 2) HIV/AIDS education. The two sections consisted of 44 items. The instrument was mailed to all schools listed in the American Annals of the Deaf, (1991) and the Ex Officio Trustees of the American Printing House for the Blind, (1991) directories.

Results

Surveys were returned by 69 of the 115 addressees. Nineteen (19) of the surveys were identified as non-residential schools for the hearing/visual impaired. The data from these locations were not used in the study, giving a return of 50 (approximately 40%) schools. The usable returns represented 34 states and U.S. possessions and Washington, D.C. Twenty-three (23) hearing impaired, 23 visually impaired and four combined residential schools made up the sample.

Demographics

Responding schools are located in the six regions as follows:

- Twenty-two percent of the schools are from the Northeast region: Connecticut, Delaware, the District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York,

Pennsylvania, Rhode Island, and Vermont.

- Twenty-eight percent of the schools are from the Southern region: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia.
- Eighteen percent of the schools are from the Central region: Colorado, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wyoming.
- Twelve percent of the schools are from the Midwest region: Illinois, Indiana, Michigan, Ohio, West Virginia, and Wisconsin.
- Twelve percent of the schools are from the Northwest region: Alaska, Hawaii, Idaho, Montana, Oregon, and Washington.
- Ten percent of the schools are from the Southwest region: - Arizona, California, Nevada, New Mexico, Utah.

HEALTH EDUCATION

The survey instrument included questions on requirements for comprehensive school health instruction and HIV prevention education for residential school programs, content of the program, certification requirements for elementary and

secondary teachers, curriculum position and grade level in which the content was taught.

Highlights of the results concerning comprehensive school health instruction include the following:

- Seventy-six percent of responding schools required health instruction.
- Fifty-two percent of the responding schools had time requirements.
- The range of time for daily instruction was 0 - 90 minutes/day, the mean was just over 10 minutes per day.
- Sixty-six percent of the schools required health instruction for graduation, the mean number of required semesters for graduation was 2.2 semesters.
- Major health content areas were represented in the curriculum. The only content area taught by more than half of the schools at both primary and secondary grade level was hygiene (Table 1).

Certification Requirements

- Separate or Dual certification for health educators was required by 24% of responding schools.
- Six (6%) percent indicated certification requirements existed for elementary health education teachers, and 8% reported health education requirements for the elementary classroom teacher.
- Certification requirements for secondary school health teachers existed for 28% of the reporting schools.
- As reported at the secondary level, health education was taught as a separate curricular area in 76% of responding schools. When health education topics were not taught as a separate curricular subject, the most frequent subject areas in which health education topics were taught were; science (16%) and home economics/daily living skills (6%).

AIDS/HIV EDUCATION IN RESIDENTIAL SCHOOLS

The survey instrument included questions concerning HIV/AIDS instruction topics covered, grade levels topics were first introduced, who taught the curriculum, attendance policies, and training provided. The highlights of the returns include:

- A correlation of 1.0 was found to exist between those schools which had a comprehensive school health instruction program and those that required HIV prevention education. An additional 12% of the schools planned to require HIV prevention education in the coming year.
- Implementation of HIV prevention education curriculum (HPEC) began before 1986 in 6% of the residential schools. There has been a steady increase in the number of residential schools implementing HIV prevention education since 1986, with the largest increase during the 1988-89 school year.
- Sixty-four percent of the responding schools were located in states where HIV prevention education for school-aged youth is required.
- The HPEC was developed from within the schools at 58% of responding school, and adapted from available curriculum.

- Teachers and administrators were the individuals most often involved in the development of the HIV curriculum. Community based organizations, parents, and public health officials involved in HIV curriculum development in one-third of the schools.
- Teacher preparation was provided in all but 10% of the responding schools. However, less than half of the teachers received in-service programming as a method of teacher preparation.

Grade Level

HIV prevention education curriculum was required as early as kindergarten in 20% of the schools. Grades 4-6 had a steady increase in the number of schools which required the HPEC. The HPEC was required in more than 50% of the schools in grades 7-12, with the highest occurrence at 10th grade (60%). The HPEC was consistently integrated at all grade levels in over half of all responding schools.

Curricula of Implementation

There was a balance across five curricula areas (health, science, social studies, home economics/daily living skills, stand alone) of implementation for the

HPEC in grades K-6. In grades 4-12, health was found to be the curricular setting in which HIV prevention education was taught most frequently. The frequency of placement changed with each grade level. The general pattern was a follows; health (approximately half), science (14-16%), home economics (12-14%), stand alone programs (4-8%), social sciences (2-6%).

Time Allotment

The amount of time required for HIV prevention education by the residential schools had a wide variance. In grades K-3 the required classroom time ranged from 0 hours (92%) to 10 hours (2%). In grades 4 and 5, time requirement ranged from 0 to 99 hours (88% and 2% respectively). The time range for grades 6 through 12 was 0 - 72 hours. The majority of the schools report 0 hours of instruction required at each of these grades. However, the number of schools which reported a time requirement increased at each grade level, peaking at the 10th grade. At the 10th grade 48% of the schools reported a time requirement for HIV education.

Taught by

The classroom teacher was the person reported as having responsibility to teach the HPEC at every grade.

In grades K-6 the residential schools most frequently identified the classroom teacher has having the responsibility to teach the HPEC. The home economics' teacher and school nurse were indicated to be responsible for teaching the curriculum at all grades, but was never found to represent the most frequently used at any grade level. At one school, Physicians were reported as teaching the curriculum at grades 5 and 6.

The health education teacher was most frequently reported as the teacher responsible for teaching the HPEC in grades 7-12. In a small number of schools public health officials and community agency staff were responsible for teaching the curriculum.

Content Covered

A comprehensive HIV/AIDS prevention education curriculum was found to be presented by a majority of the residential schools. The topics covered included 11 content areas (How transmitted, how not transmitted, fears & myths, decision making, communication skills, peer pressure, self-esteem, homosexuality, HIV testing, drug use, death & dying), 3 risk reducing behaviors (abstain from sex and drug use, and condom use), and four risk behaviors (unprotected intercourse, vaginal & anal, unprotected oral sex, and needle sharing). Over 80% of

the responding schools indicated covering almost all of these topics. The level which each topic was covered varied by topic. Generally, the largest percentage of schools first introduced each topic at middle school. (See Tables 2 - 4)

Table 2

CONTENT COVERED IN THE HIV PREVENTION EDUCATION CURRICULUM AND THE LEVEL WHERE THE INFORMATION IS FIRST INTRODUCED

Content	Yes	Primary School	Middle School	High School
How Transmitted	88*	26	44	16
Not Transmitted	88	24	46	14
Fears & Myths of AIDS/HIV	86	24	44	16
Decision making	86	32	38	14
Communication skills	74	36	22	10
Resistance to Peer Pressure	78	32	30	12
Self-esteem	76	42	22	10
Homosexuality	66	8	34	24
HIV testing	82	6	44	28
Drug use & abuse	82	36	30	14
Death & Dying	68	14	30	24
others	6	0	2	0

* Percentages of responding schools.

Table 3

BEHAVIORS WHICH PREVENT OR REDUCE THE RISK OF HIV INFECTION INCLUDED IN THE HIV CURRICULUM AND THE LEVEL WHERE THE INFORMATION IS FIRST INTRODUCED

Behavior	Yes	Primary	Middle	High
Abstain from sex	82*	18	40	22
Abstain from drug use	84	38	30	18
Condom Use	80	12	34	34

* Percentages of responding schools.

Table 4

RISK BEHAVIORS COVER IN THE HIV CURRICULUM AND THE LEVEL WHERE THE INFORMATION IS FIRST INTRODUCED

Behavior	Yes	Primary	Middle	High
Unprotected vaginal intercourse	80*	6	34	36
Unprotected anal intercourse	70	4	28	36
Unprotected oral sex	68	2	26	38
Sharing needles	82	16	32	30

* Percentages of responding schools.

The majority of residential schools which have implemented an HPEC have addressed the major content areas recognized in important is effective HIV prevention education.

Excused Participation by parents

All schools indicated that 3% or less of their students did not participate in the HPEC due to parental requests. Seventy-six percent indicated that fewer than 1% of their students were excused from participation with parental permission.

Conclusions

A high percentage of the residential schools for the hearing and visually impaired students have implemented health education instruction and HIV prevention education curriculum. Even though a majority of the schools reported have a comprehensive health education curriculum, less than 10% of the schools covered the major health education content areas K-12. All residential schools for the visually and hearing impaired which had health education instruction had implemented HIV prevention education curriculum.

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APPENDIX A

Using the map, please indicate the region in which your school is located. Check one

___ Region 1
___ Region 2
___ Region 3
___ Region 4
___ Region 5
___ Region 6

At what type of school are you employed?

___ 1. Residential school for the hearing impaired
___ 2. Residential school for the visual impaired
___ 3. Non-residential school for the hearing impaired
___ 4. Non-residential school for the visual impaired
___ 5. Residential school for the visual/hearing impaired

What is the job descriptionof those involved in the completion of this questionnaire?

___ 1. School Administrator
___ 2. Curriculum Specialist
___ 3. Health Coordinator
___ 4. School Nurse
___ 5. Health Educator
___ 6. Classroom Teacher
___ 7. other, explain_____

Section I. SCHOOL HEALTH EDUCATION

circle your response

1. Is comprehensive school health education required as part of your district's K-12 curriculum? Yes No

2. Are there state time requirements for health education?
   Yes No

   If yes what is the required length of time health education must be taught a day? _____

   each week? _____

3. Is there a health education graduation requirement? circle your response
   Yes No

   If yes, what is the amount of time required for graduation?_____

4. Is there a state health curriculum guide for impaired students available? circle your response
   Yes No

5. Identify the mandatory topics in school health curriculum and grade levels taught. Please indicate with a check mark.

Topic	K	1	2	3	4	5	6	7	8	9	10	11	12
Drug, Alcohol, Tobacco													
Hygiene													
Safety													
First Aid													
CPR													
Mental Health													
Environment													
Consumer Health													
Anatomy, Physiology													
Disease													
Community Health													
Nutrition													
Growth & Development													
Dental Health													

Continue on next page

Topic	K	1	2	3	4	5	6	7	8	9	10	11	12
Sexually Transmitted Diseases													
Health Careers													
Death & Dying													
Sex Education													

Please circle your response

6. Is there a separate or dual certification needed to teach health to visually/hearing impaired students?
   Yes No

7. Is there certification requirements for elementary health education teachers for the visually/hearing impaired student?
   Yes No

8. Are there certification requirements for secondary school health education teachers for the visually/hearing impaired student?
   Yes No

9. Are there health education certification requirements for elementary classroom teachers?
   Yes No

10. At the secondary level, is health education taught as a seperate curricular area?
    Yes No

    10a. If No, what subject area is the majority of the health education curriculum taught?
    ___ 1. Science
    ___ 2. Home Economics/Daily living skills
    ___ 3. Social Studies
    ___ 4. Others (Please list)

Section III. HIV EDUCATION

11. Is HIV prevention education required for students in your school. Yes No

12. If "no" to Question 2:

    Is your school planning to require HIV prevention education? Yes No

13. If no, what is the primary reason for not doing so?
    a. See no need
    b. Community will not support
    c. School Board Does not support
    d. Teachers unwilling
    e. Teachers unprepared
    f. Other

14. In what school year did your school begin providing HIV prevention education for students?
    Before 1986
    1986-87
    1987-88
    1988-89
    1989-90

15. Has your school board approved the HIV prevention education curriculum for students?
    Yes
    No

16. Has your school board adopted a policy requiring HIV prevention education for the students in your school?
    Yes
    No

17. Does your state require HIV prevention education for school-aged youth?
    Yes
    No

18. Was your HIV prevention education curriculum: (Circle all that apply.)
    a. Developed within your school
    b. Developed by your SEA
    c. Mandated by State Board
    d. Adapted from available curriculum
    e. Purchased
    f. Other

19. How are your teachers prepared to teach the HIV prevention education curriculum?

    a. No special preparation provided
    b. Written guidelines provided
    c. Inservice provided
    d. Other

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20. For each grade level, please indicate if HIV prevention education is or is not required. For those grade levels in which it is required, please identify the curriculum into which it is integrated or whether it is a stand-alone course/class (e.g., assembly) and how many class hours of HIV prevention education students are required to receive during the school year.

Grade Level	Required		Integrated/Stand Alone		Hours
K	Yes	No	Int	SA	_____
1	Yes	No	Int	SA	_____
2	Yes	No	Int	SA	_____
3	Yes	No	Int	SA	_____
4	Yes	No	Int	SA	_____
5	Yes	No	Int	SA	_____
6	Yes	No	Int	SA	_____
7	Yes	No	Int	SA	_____
8	Yes	No	Int	SA	_____
9	Yes	No	Int	SA	_____
10	Yes	No	Int	SA	_____
11	Yes	No	Int	SA	_____
12	Yes	No	Int	SA	_____

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21. Indicate the curricula and grade level in which HIV Education is taught:

Grade Level	Health Education	Science	Social Studies	Home Ec/ Daily Living Skills	Stand Alone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Others _____

_____

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22. In each grade level, please identify who teaches the HIV prevention education curriculum? Check all that apply.

Grade Level	Health Teacher	Classroom Teacher	School Nurse	Public Health Official	Physician	Community Agency Staff	Home Ec/ Daily Liv Skills Teacher
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

If others, please indicate:_____
_____

23. Please indicate if the following are included in your HIV prevention education curriculum. Also circle the school level (elementary, middle school) where this information is <u>first</u> introduced.

	Addressed in Curriculum	First Introduced In: Elementary	Middle	High
a. How HIV is transmitted	_____	_____	_____	_
b. How HIV is <u>not</u> transmitted	_____	_____	_____	_
c. Fears and myths about AIDS/HIV	_____	_____	_____	_
d. Decision making skills	_____	_____	_____	_
e. Communication skills	_____	_____	_____	_
f. Resistance to peer pressure	_____	_____	_____	_
g. Self-esteem	_____	_____	_____	_
h. Homosexuality	_____	_____	_____	_
i. HIV testing	_____	_____	_____	_
j. Drug use and abuse	_____	_____	_____	_
k. Death and dying	_____	_____	_____	_
l. Others_____	_____	_____	_____	

24. Please indicate if the following behaviors that prevent or reduce the risk of HIV infection are included in your HIV prevention education curriculum. Also circle the school level where this is <u>first</u> introduced.

	Addressed in Curriculum	First Introduced In: Elementary	Middle	High	
a. Abstinence from sexual intercourse	_____	_____	_____	_____	—
b. Abstinence for drug use	_____	_____	_____	_____	—
c. Condoms as a means of reducing the risk of HIV infection.	_____	_____	_____	_____	—

25. Please indicate if the following behaviors that put a person at risk of HIV infection are included in your HIV prevention education curriculum. Also circle the school level where this information is <u>first</u> introduced. Use the column labels from the above question.

a. Unprotected vaginal intercourse	_____	_____	_____	_____	—
b. Unprotected anal intercourse	_____	_____	_____	_____	—
c. Unprotected oral intercourse	_____	_____	_____	_____	—
d. Sharing needles	_____	_____	_____	_____	—

26. Who from your community was involved in the development of your HIV prevention education curriculum for students? Circle all that apply.

a. Public health officials
b. Teachers
c. Parents
d. Clergy
e. Students
f. Community-based organizations
g. Administrator
h. other

27. Was a school/community advisory committee established to review and recommend appropriate HIV prevention education materials and concepts to be taught at various grade levels? Circle your response

Yes No

28. Does you school provide HIV prevention education to parents?

Yes No

29. How would you assess parental support for HIV prevention education in your schools?

High _____
Moderate _____
Low _____

30. Does your school have procedures in place for parents to excuse their children from all or part of the HIV prevention education instruction?

Yes No

31. What percentage of parents in your school have excused their children from HIV prevention instruction since the curriculum was introduced?

a. Less than 1%
b. Between 1 and 3%
c. Between 3 and 5%
d. More than 5%

32. Has the provision of HIV prevention education required allocation of additional funds from the school school's budget?

Yes No

33. The largest percentage of these funds is allocated.

a. Curriculum development
b. Teacher inservice
c. Purchase of instructional materials
d. Other

34. Do you know the teenage pregnancy rate for visually/hearing impaired students?

Yes No

35. Do you know how many teenagers in your community contract a sexually transmitted disease each year?

Yes No

36. Do you know how many teenagers in your community have injected cocaine, heroin, or other illegal drugs?

Yes No

37. Has your state issued a policy on school attendance by HIV-infected students?

Yes No

38. Has your board adopted a policy on school attendance by HIV-infected students?

Yes No

39. Has your state issued a policy on employment of HIV-infected persons?

Yes No

40. Has your board adopted a policy on employment of HIV-infected persons?

Yes No

41. Has your board adopted a policy to require the use of hygienic procedures to prevent the spread of disease?

Yes No

42. Has your school allocated funds in 1992-93 to ensure that hygienic procedures to prevent the spread of disease are practiced?

Yes No

43. The largest percentage of these funds has been expended on

a. Training
b. Supplies (e.g., rubber gloves)
c. Other

44. For which school district employees is HIV education provided and who provides that instruction? Circle all that apply.

Education provided:

a. Administrators
b. Teachers
c. School Nurses
d. Guidance Counselors
e. Food Service Staff
f. Coaches
g. Clerical Staff
h. Bus Drivers
i. Custodial Staff